CHAPTER 230

HEALTH AND ENVIRONMENT

SENATE BILL 16-146

BY SENATOR(S) Steadman, Aguilar, Guzman, Heath, Hodge, Kerr, Merrifield, Newell, Todd, Ulibarri, Roberts; also REPRESENTATIVE(S) Esgar, Arndt, Court, Danielson, Fields, Foote, Garnett, Ginal, Hamner, Kagan, Lontine, Melton, Mitsch Bush, Moreno, Pettersen, Primavera, Rosenthal, Ryden, Singer, Tyler, Vigil, Winter, Young.

AN ACT

CONCERNING MODERNIZING STATUTES RELATED TO SEXUALLY TRANSMITTED INFECTIONS.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. In Colorado Revised Statutes, **repeal and reenact, with amendments**, part 4 of article 4 of title 25 as follows:

PART 4 SEXUALLY TRANSMITTED INFECTIONS

- **25-4-401.** Legislative declaration. (1) The general assembly declares that:
- (a) Sexually transmitted infections, regardless of the mode of transmission, impact the public health of the state and are a matter of statewide concern;
- (b) Coloradans have a right to receive accurate, confidential, and timely information to make informed decisions that promote their individual physical and mental health and well-being. This right applies to all Coloradans, regardless of geographic location, ethnic or racial background, income, ability, gender, gender identity, or sexual orientation;
- (c) Positive, stigma-free messages and comprehensive, evidence-based information must be available to create healthy, safe relationships and a healthier Colorado; and

Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.

- (d) It is the responsibility of any individual who has knowledge or reasonable grounds to suspect that he or she has a sexually transmitted infection to not intentionally transmit the infection to another individual.
 - (2) THE GENERAL ASSEMBLY FURTHER DECLARES THAT:
- (a) REPORTING SEXUALLY TRANSMITTED INFECTIONS TO PUBLIC HEALTH AGENCIES IS ESSENTIAL TO ENABLE A BETTER UNDERSTANDING OF THE SCOPE OF EXPOSURE AND THE IMPACT OF THE EXPOSURE ON THE COMMUNITY AND TO OPTIMIZE MEANS OF SEXUALLY TRANSMITTED INFECTION CONTROL;
- (b) Efforts to control sexually transmitted infections include public education, counseling, voluntary testing, linkage to treatment, prevention, and access to services;
- (c) RESTRICTIVE ENFORCEMENT MEASURES MAY BE USED ONLY WHEN NECESSARY TO PROTECT THE PUBLIC HEALTH;
- (d) Having a sexually transmitted infection, being presumed to have one, or seeking testing for the presence of such an infection must not serve as the basis for discriminatory actions or prevent access to services; and
- (e) It is the policy of the state to encourage voluntary testing for sexually transmitted infections and promote linkage to care without perpetuating stigma.
- (3) THEREFORE, THE GENERAL ASSEMBLY FURTHER DECLARES THAT THE PURPOSE OF THIS PART 4 IS TO PROTECT THE PUBLIC HEALTH, EMPOWER INDIVIDUALS TO TAKE PERSONAL RESPONSIBILITY FOR THEIR SEXUAL HEALTH, AND TO PREVENT INFECTIONS THAT MAY BE SEXUALLY TRANSMITTED.

25-4-402. Definitions. As used in this part 4:

- (1) "Executive director" means the executive director of the state department.
- (2) "HEALTH CARE PROVIDER" MEANS A PERSON WHOSE VOCATION OR PROFESSION IS RELATED TO THE MAINTENANCE OF INDIVIDUALS' HEALTH OR ANYONE WHO PROVIDES DIAGNOSTIC SCREENING TESTS, MEDICAL TREATMENT, OR OTHER MEDICAL SERVICES.
- (3) "Health officer" means the director of the state department, the chief medical officer appointed pursuant to section 25-1-105, or a local director.
 - (4) "HIV" MEANS HUMAN IMMUNODEFICIENCY VIRUS.
- (5) "Local director" has the same meaning as set forth in section 25-1-502 for "public health director".

- (6) "Local public health agency" means a county or district public health agency established pursuant to section 25-1-506 or a local department of public health.
- (7) "MEDICAL EMERGENCY" MEANS AN ACUTE INJURY, ILLNESS, OR EXPOSURE THAT POSES AN IMMEDIATE RISK TO A PERSON'S LIFE OR LONG-TERM HEALTH, SUCH THAT THE ABSENCE OF IMMEDIATE MEDICAL ATTENTION COULD REASONABLY BE EXPECTED TO RESULT IN PLACING THE PERSON'S HEALTH IN SERIOUS JEOPARDY, INCLUDING A SERIOUS IMPAIRMENT TO BODILY FUNCTION OR A SERIOUS DYSFUNCTION OF ANY BODILY ORGAN OR PART.
- (8) "Minor", unless otherwise specified, means a person who is under eighteen years of age.
- (9) "Public safety workers" includes law enforcement officers, peace officers, emergency service providers, and firefighters.
- (10) "Sexually transmitted infection" refers to chlamydia, syphilis, gonorrhea, HIV, and relevant types of hepatitis, as well as any other sexually transmitted infection, regardless of mode of transmission, as designated by the state board by rule upon making a finding that the particular sexually transmitted infection is contagious.
- (11) "State board" means the state board of health created in Section 25-1-103.
- (12) "STATE DEPARTMENT" MEANS THE STATE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT ESTABLISHED IN SECTION 25-1-102.
- (13) "Test" means any diagnostic, screening, or other test that may be provided in a health care or community-based environment.
- (14) "Victim" has the same meaning as defined in section 24-4.1-302 (5), C.R.S.
- **25-4-403.** Eligibility non-discrimination. Notwithstanding any other provision of this part 4 to the contrary, programs and services that provide for the investigation, identification, testing, preventive care, and treatment of sexually transmitted infections are available regardless of a person's actual or perceived race, creed, color, ancestry, national origin, religion, age, sex, sexual orientation, gender identity, mental or physical disability, familial status, marital status, or immigration status.
- **25-4-404. Rules.** (1) The state board, with sufficient involvement and consultation from the state department, the community, and other interested stakeholders, shall adopt rules it deems necessary to carry out the provisions of this part 4, including rules addressing the control and treatment of sexually transmitted infections. The rules are binding on all public health agencies, health officers, and other persons affected by this part 4. The rules must include, at a minimum:

- (a) The information that must be reported pursuant to section 25-4-405 and the form, manner, and time frame in which it must be reported; and
- (b) The performance standards for anonymous and confidential HIV counseling and testing sites established pursuant to section 25-4-411. Standards must include performance standards for notifying and counseling a person who is diagnosed with a sexually transmitted infection and for notification of his or her partner or partners.
- (2) THE STATE DEPARTMENT SHALL CREATE AND MAINTAIN GUIDELINES, SUBJECT TO APPROVAL BY THE STATE BOARD, CONCERNING THE PUBLIC HEALTH PROCEDURES DESCRIBED IN SECTIONS 25-4-412 AND 25-4-413.
- **25-4-405.** Reporting requirements immunity. (1) In accordance with the provisions of sections 25-1-122, 25-4-404, 25-4-406, and 12-36-135, C.R.S., for every individual known to the person or entity to have a diagnosis of a sexually transmitted infection or have a positive test for a sexually transmitted infection, the following persons and entities shall report any information required by rule of the state board to the state department or local public health agency, in a form and within a time period designated by rule of the state board:
 - (a) EVERY HEALTH CARE PROVIDER IN THE STATE;
- (b) Persons who test, diagnose, or treat sexually transmitted infections in a hospital, clinic, correctional institution, community-based organization, nonclinical setting, or other private or public institution; or
- (c) A LABORATORY OR A PERSON PERFORMING A TEST FOR A CASE OF A SEXUALLY TRANSMITTED INFECTION.
- (2) The reports submitted pursuant to subsection (1) of this section must include the name, date of birth, sex at birth, gender identity, address, and phone number of the individual with the sexually transmitted infection, and the name, address, and phone number of the person making the report. The report must also include any test results and the name, address, and phone number of the health care provider and any other person or agency that referred the specimen for testing.
- (3) (a) A PERSON WHO, IN GOOD FAITH, COMPLIES WITH THE REPORTING AND TREATMENT REQUIREMENTS OF THIS PART 4 IS IMMUNE FROM CIVIL AND CRIMINAL LIABILITY FOR SUCH ACTIONS.
- (b) IMMUNITY FROM LIABILITY PURSUANT TO PARAGRAPH (a) OF THIS SUBSECTION (3) DOES NOT APPLY TO A NEGLIGENT ACT OR OMISSION ON THE PART OF THE HEALTH CARE PROVIDER.
- **25-4-406.** Reports confidentiality. (1) The public health reports required pursuant to section 25-4-405 and any records resulting from compliance with that section held by the state department and local

PUBLIC HEALTH AGENCIES, OR ANY HEALTH CARE PROVIDER, FACILITY, THIRD-PARTY PAYOR, PHYSICIAN, CLINIC, LABORATORY, BLOOD BANK, HEALTH RECORDS DATABASE, OR OTHER AGENCY, ARE CONFIDENTIAL INFORMATION. THE INFORMATION MAY ONLY BE RELEASED, SHARED WITH ANY AGENCY OR INSTITUTION, OR MADE PUBLIC, UPON SUBPOENA, SEARCH WARRANT, DISCOVERY PROCEEDINGS, OR OTHERWISE, UNDER THE FOLLOWING CIRCUMSTANCES:

- (a) For statistical purposes, but only in a manner such that an individual cannot be identified from the information released;
- (b) To the extent necessary to enforce the provisions of this part 4 and related rules concerning the treatment, control, prevention, and investigation of sexually transmitted infections by public health officers:
- (c) To health care providers and medical personnel in a medical emergency to the extent necessary to protect the health or life of the named party;
- (d) To agencies responsible for receiving or investigating reports of child abuse or neglect in accordance with the provisions of the "Child Protection Act of 1987", part 3 of article 3 of title 19, C.R.S., if an officer or employee of the state department or a local public health agency makes a report of child abuse or neglect; or
- (e) Pursuant to section 18-3-415.5, C.R.S., to a district attorney for the information specified in said section, or, for the purposes of a sentencing hearing, oral and documentary evidence limited to whether a person who has been bound over for trial for any sexual offense, as described in section 18-3-415.5, C.R.S., was provided with notice or discussion that he or she had tested positive for a sexually transmitted infection and the date of such notice or discussion.
- (2) An officer or employee of the state department or a local public health agency must not be examined in any judicial, executive, legislative, or other proceedings as to the existence or content of any individual's report by such department pursuant to this part 4 or as to the existence of the content of the reports received pursuant to section 25-4-405 or the result of an investigation conducted pursuant to section 25-4-408. The provisions of this subsection (2) do not apply to administrative or judicial proceedings held pursuant to section 25-4-412 or 25-4-413.
- (3) Information in medical records concerning the diagnosis and treatment of a sexually transmitted infection is considered medical information, is not part of public health reports, and is protected from unauthorized disclosure pursuant to the provisions of section 18-4-412, C.R.S.
- **25-4-407. Reporting requirements research exemption.** (1) The state board shall approve an exemption from the reporting requirements of

SECTION 25-4-405 for a research activity that meets all of the following criteria:

- (a) THE RESEARCH ACTIVITY IS FULLY DESCRIBED BY A RESEARCH PROTOCOL;
- (b) The Research activity is subject to review by and is governed by the federal department of health and human services;
 - (c) The research activity has as protocol objectives either:
- (I) The investigation of the effectiveness of a medical therapy or vaccine to prevent infection; or
- (II) BASIC MEDICAL RESEARCH INTO THE CELLULAR MECHANISMS THAT CAUSE SEXUALLY TRANSMITTED INFECTIONS;
- (d) The research activity is reviewed and approved by a duly-constituted institutional review board in accordance with the regulations established by the secretary of the federal department of health and human services;
- (e) THE RESEARCH FOR THE RESEARCH ACTIVITY HAS PROVIDED INFORMATION THAT DEMONSTRATES THAT THE RESEARCH WILL BE FACILITATED BY AN EXEMPTION SPECIFIED IN THIS SECTION; AND
- (f) The research activity has been determined to have a potential health benefit.
- (2) The research exemption authorized in this section does not alter the reporting requirements of persons and researchers who are otherwise required to make reports when engaged in any treatment or testing outside the scope of or prior to enrollment in an approved research protocol, including required reporting of other reportable diseases.
- **25-4-408. Infection control duties.** (1) It is the duty of the executive director, health officers, or local directors to investigate sexually transmitted infections and to use appropriate means to prevent the spread of such sexually transmitted infections.
- (2) AS PART OF INFECTION CONTROL EFFORTS, IT IS THE DUTY OF THE EXECUTIVE DIRECTOR, HEALTH OFFICERS, AND LOCAL DIRECTORS TO PROVIDE PUBLIC INFORMATION; RISK-REDUCTION EDUCATION; VOLUNTARY TESTING; COUNSELING; AGE-APPROPRIATE, MEDICALLY ACCURATE, AND CULTURALLY RESPONSIVE EDUCATIONAL MATERIALS FOR SCHOOL USE; AND PROFESSIONAL EDUCATION FOR PUBLIC SAFETY WORKERS AND HEALTH CARE PROVIDERS.
- (3) The state department shall provide current, evidence-based, and medically accurate programs under which the state department and local public health agencies may perform the following tasks:

- (a) Provide and disseminate to health care providers digital, written, and verbal presentations describing the epidemiology, prevention, testing, diagnosis, treatment, medical services, counseling, and other aspects of sexually transmitted infections;
- (b) Provide consultation to agencies and organizations, including those employing public safety workers, regarding appropriate policies for prevention, testing, education, confidentiality, and control of sexually transmitted infections:
- (c) Conduct health information programs to inform the general public of the medical and psychosocial aspects of sexually transmitted infections, including updated information on how these infections are transmitted and may be prevented. The state department shall provide and distribute to the residents of the state, at no charge, printed and electronic information and instructions concerning the risks from sexually transmitted infections, the prevention of sexually transmitted infections, and the necessity for testing.
- (d) Update and provide educational information concerning sexually transmitted infections that employers may use in the workplace;
- (e) Provide and implement medically accurate and culturally appropriate educational risk-reduction programs for specific populations at higher risk for infection; and
- (f) Update and provide accurate, age-appropriate, and culturally responsive sexually transmitted infection prevention curricula for use at the discretion of secondary and middle schools in the state.
- (4) When investigating sexually transmitted infections, the state department and local public health agencies, within their respective jurisdictions, may inspect and have access to medical and laboratory records relevant to their investigation.
- (5) Every person who is confined, detained, or imprisoned in a state, county, or city hospital; an institution for persons with a mental illness; a home for dependent children; a correctional facility; or any other private or charitable institution where a person may be confined, detained, or imprisoned by order of a court of this state must be examined for and, if diagnosed with a sexually transmitted infection, referred for treatment of such sexually transmitted infection, in accordance with current standards of care, by the health authorities having jurisdiction over the given institution. The managing authorities of any such institution shall make available to the health authorities whatever portion of their respective institution as may be necessary for a clinic or hospital for treatment of a person's sexually transmitted infection with current and evidence-based standards of care in a professional manner.
- (6) (a) When a public safety worker, emergency or other health care provider, first responder, victim of crime, or a staff member of a

CORRECTIONAL FACILITY, THE STATE DEPARTMENT, OR A LOCAL PUBLIC HEALTH AGENCY HAS BEEN EXPOSED TO BLOOD OR OTHER BODILY FLUIDS FOR WHICH THERE IS AN EVIDENCE-BASED REASON TO BELIEVE IT MAY RESULT IN EXPOSURE TO A SEXUALLY TRANSMITTED INFECTION, THE STATE DEPARTMENT OR LOCAL PUBLIC HEALTH AGENCY, WITHIN THEIR RESPECTIVE JURISDICTIONS, SHALL ASSIST IN THE EVALUATION AND TREATMENT OF ANY INVOLVED PERSONS BY:

- (I) ACCESSING INFORMATION ON THE INCIDENT AND ANY PERSONS INVOLVED TO DETERMINE WHETHER A POTENTIAL EXPOSURE TO INFECTION OCCURRED;
- (II) When the potential for exposure has been determined by the state department or a local public health agency, examining and testing any involved persons to determine infection;
- (III) COMMUNICATING RELEVANT INFORMATION AND LABORATORY TEST RESULTS ON INVOLVED PERSONS DIRECTLY TO THE INVOLVED PERSON OR TO HIS OR HER ATTENDING HEALTH CARE PROVIDER, IF THE CONFIDENTIALITY OF SUCH INFORMATION AND TEST RESULTS ARE ACKNOWLEDGED BY THE RECIPIENT AND ADEQUATELY PROTECTED, AS PROVIDED FOR IN SECTION 25-4-406; AND
- (IV) Providing timely counseling to any involved persons on the potential health risks resulting from exposure to infection; prophylaxis and treatment of infections until cured, where possible; treatment to prevent progression of such infections; measures for preventing transmission to others; and the necessity of regular medical evaluations.
- (b) For the purposes of this subsection (6), the employer of an involved person shall comply with the provisions of section 25-4-406 and ensure that relevant information and laboratory test results on the involved person are kept confidential.
- **25-4-409. Minors treatment consent.** (1) (a) A HEALTH CARE PROVIDER OR FACILITY, IF CONSULTED BY A PATIENT WHO IS A MINOR, SHALL PERFORM, AT THE MINOR'S REQUEST, A DIAGNOSTIC EXAMINATION FOR A SEXUALLY TRANSMITTED INFECTION. THE HEALTH CARE PROVIDER OR FACILITY SHALL TREAT THE MINOR FOR A SEXUALLY TRANSMITTED INFECTION, IF NECESSARY; DISCUSS PREVENTION MEASURES, WHERE APPLICABLE; AND INCLUDE APPROPRIATE THERAPIES AND PRESCRIPTIONS.
- (b) If a minor requests a diagnostic examination, care, prevention services, or treatment for a sexually transmitted infection, the health care provider who provides such services is not civilly or criminally liable for performing the service, but the immunity from liability does not apply to any negligent act or omission by the health care provider.
- (2) THE CONSENT OF A PARENT OR LEGAL GUARDIAN IS NOT A PREREQUISITE FOR A MINOR TO RECEIVE A CONSULTATION, EXAMINATION, OR TREATMENT FOR SEXUALLY TRANSMITTED INFECTIONS. FOR THE PURPOSES OF THIS SECTION, HEALTH CARE PROVIDED TO A MINOR IS CONFIDENTIAL, AND INFORMATION RELATED TO THAT CARE MUST NOT BE DIVULGED TO ANY PERSON OTHER THAN THE MINOR; EXCEPT

THAT THE REPORTING REQUIRED PURSUANT TO THE "CHILD PROTECTION ACT OF 1987", PART 3 OF ARTICLE 3 OF TITLE 19, C.R.S., STILL APPLIES. IF THE MINOR IS THIRTEEN YEARS OF AGE OR YOUNGER, THE HEALTH CARE PROVIDER MAY INVOLVE THE MINOR'S PARENT OR LEGAL GUARDIAN. A HEALTH CARE PROVIDER SHALL COUNSEL THE MINOR ON THE IMPORTANCE OF BRINGING HIS OR HER PARENT OR LEGAL GUARDIAN INTO THE MINOR'S CONFIDENCE REGARDING THE CONSULTATION, EXAM, OR TREATMENT.

- **25-4-410.** Patient consent rights of patients, victims, and pregnant women. (1) (a) Except as provided in paragraph (b) of this subsection (1), a health care provider, hospital, clinic, laboratory, or other private or public institution shall not test, or cause by any means to have tested, any specimen of a patient for a sexually transmitted infection without the knowledge and consent of the patient, which is satisfied as follows:
 - (I) THE PATIENT SIGNS A GENERAL CONSENT FORM FOR TREATMENT;
- (II) THE PATIENT IS PROVIDED WITH A VERBAL CONSULTATION ABOUT SEXUALLY TRANSMITTED INFECTIONS, TESTING, AND REPORTING REQUIREMENTS; AND
- (III) THE PATIENT IS PROVIDED WITH THE OPPORTUNITY TO OPT OUT OF TESTING, FOLLOWING THE VERBAL CONSULTATION.
- (b) Knowledge and consent for testing need not be given in the following circumstances:
- (I) When a public safety worker, emergency or other health care provider, first responder, victim of crime, or a staff member of a correctional facility, the state department, or a local public health agency is exposed to blood or other bodily fluids under circumstances that pose an evidence-based risk of transmission of a sexually transmitted infection;
- (II) WHEN A PATIENT'S MEDICAL CONDITION IS SUCH THAT KNOWLEDGE AND CONSENT CANNOT BE OBTAINED;
- (III) When the testing is done as part of a seroprevalence survey, but only if all personal identifiers are removed from the specimens prior to the laboratory testing;
- (IV) When the patient to be tested is sentenced to and in the custody of the department of corrections or is committed to the Colorado mental health institute at Pueblo and confined to the forensic ward or the minimum or maximum security ward of the institute; and
- (V) Notwithstanding the provisions of section 25-4-201, when a pregnant woman presents in labor in a hospital, and the results of syphilis and HIV tests are not on record, a rapid test will be performed to determine whether to provide prophylaxis to prevent transmission of sexually transmitted infections to the infant.

- (c) A health care provider shall notify a patient who was tested for a sexually transmitted infection without his or her knowledge and consent pursuant to section 25-4-408. The notification must be prompt, personal, and confidential and inform the individual that a test sample was taken and that the results of the test may be obtained upon his or her request.
- (2) It is the duty of every health care provider in the state who, during the course of an examination, discovers the existence of a sexually transmitted infection, or who treats a patient for such an infection, to inform the person of the interpretations of laboratory results and counsel the person on measures for preventing transmission to others; prophylaxis and treatment of infections until cured, where possible; treatment to prevent progression of such infections; and the necessity of regular medical evaluations. Such information and laboratory test results are considered medical information and are protected from unauthorized disclosure.
- (3) A pregnant woman seeking prenatal care must be informed that syphilis and HIV testing are part of standard prenatal testing and given the opportunity to decline such tests pursuant to section 25-4-201. A pregnant woman must be informed that test results inform the decision as to whether to provide prophylaxis and prevent transmission of a sexually transmitted infection to her infant.
- (4) When an adult or minor has been exposed to blood or other bodily fluids as a result of a sexual offense involving sexual penetration, as defined in section 18-3-401 (6), C.R.S., for which there is an evidence-based reason to believe that the sexual offense may have resulted in exposure to a sexually transmitted infection, the state department or local public health agency, within their respective jurisdictions, shall assist in the evaluation and treatment of any involved person by:
- (a) ACCESSING INFORMATION ON THE INCIDENT AND ANY PERSONS INVOLVED TO DETERMINE WHETHER A POTENTIAL EXPOSURE TO A SEXUALLY TRANSMITTED INFECTION OCCURRED;
- (b) When potential for exposure has been confirmed by the state department or a local public health agency, examining and testing any involved person to determine whether or not an involved person has been infected;
- (c) Communicating relevant information and laboratory test results on the involved person to his or her attending health care provider or directly to the involved person if the confidentiality of the information and test results are acknowledged by the recipient and adequately protected, as determined by the state department or local public health agency; and
- (d) Providing immediate counseling to any involved person on the potential health risks and available post-exposure treatment.

- 25-4-411. Confidential counseling and testing sites legislative declaration.
- (1) (a) Confidential HIV counseling and testing services are the preferred screening services for the detection of a possible infection. However, the state department shall, consistent with generally accepted practices for the protection of the public health and safety, conduct an anonymous HIV counseling and testing program at selected sites. The state department may operate sites or separately contract through local public health agencies to conduct HIV testing in conjunction with counseling and testing sites, subject to maintaining standards for performance as set by rule of the state board pursuant to section 25-4-404.
- (b) (I) The disclosure of a person's name, address, phone number, birth date, or other personally identifying information is not required as a condition to be tested for HIV at an anonymous testing site. Any provision of this part 4 that requires or can be construed as requiring a person seeking testing to report or disclose such information does not apply to persons seeking to be tested at an anonymous testing site created pursuant to this section.
- (II) Notwithstanding the provisions of subparagraph (I) of this paragraph (b), the age, gender, or gender identity of a person seeking to be tested at a testing site may be required.
- 25-4-412. Public safety public health procedures orders for compliance petitions hearings. (1) An order or restrictive measure directed to a person with a sexually transmitted infection must only be used as the last resort when other measures to protect the public health have failed, including all reasonable efforts, which must be documented, to obtain the voluntary cooperation of the person who may be subject to the order or restrictive measure. The order or restrictive measure must be applied serially with the least intrusive measures used first. The state department or local public health agency has the burden of proof to show that specified grounds exist for the issuance of the order or restrictive measure and that the terms and conditions imposed are no more restrictive than necessary to protect the public health.
- (2) When the executive director or the local director, within his or her respective jurisdiction, knows or has reason to believe, because of evidence-based, medical, or epidemiological information, that a person has a sexually transmitted infection and poses a credible risk to the public health, he or she may issue an order to:
- (a) REQUIRE THE PERSON TO BE EXAMINED AND TESTED TO DETERMINE WHETHER HE OR SHE HAS ACQUIRED A SEXUALLY TRANSMITTED INFECTION;
- (b) REQUIRE HIM OR HER TO REPORT TO A QUALIFIED HEALTH CARE PROVIDER FOR COUNSELING REGARDING SEXUALLY TRANSMITTED INFECTIONS, INFORMATION ON TREATMENT, AND HOW TO AVOID TRANSMITTING SEXUALLY TRANSMITTED INFECTIONS TO OTHERS; OR

- (c) Direct a person with a sexually transmitted infection to cease and desist from specific conduct that poses risks to the public health, but only if the executive director or local director has determined that clear and convincing evidence exists to believe that such person has been ordered to report for counseling or has received counseling by a qualified health care provider and continues to demonstrate behavior that poses an evidence-based risk to the public health.
- (3) (a) If a person violates a cease-and-desist order issued pursuant to paragraph (c) of subsection (2) of this section and it is shown that the person poses an evidence-based risk to the public health, the executive director or the local director may enforce the cease-and-desist order by imposing such restrictions upon the person as are necessary to prevent the specific conduct that risks the public health. Restrictions may include required participation in evaluative, therapeutic, and counseling programs.
- (b) Any restriction must be in writing, setting forth the name of the person to be restricted; the initial period of time that the restrictive order is effective, not to exceed three months; the terms of the restrictions; and any other conditions necessary to protect the public health. Restrictions must be imposed in the least restrictive manner necessary to protect the public health.
- (c) The executive director or local director who issues an order pursuant to this subsection (3) shall review petitions for reconsideration from the person affected by the order. Restriction orders issued by local directors shall be submitted for review and approval by the executive director.
- (4) (a) (I) Upon the issuance of an order by the state department or a local public health agency pursuant to subsection (2) or (3) of this section, the state department or local public health agency shall give notice promptly, personally, and confidentially to the person who is the subject of the order. The notice must state the grounds and provisions of the order and notify the person who is the subject of the order that he or she has the right to refuse to comply with the order, that he or she has the right to be present at a judicial hearing in the district court to review the order, and that he or she may have an attorney appear on his or her behalf at the hearing. If a respondent to any such action cannot afford an attorney, one shall be appointed for him or her at the commencement of the court process.
- (II) If the person who is the subject of the order refuses to comply with the order and refuses to voluntarily cooperate with the executive director or local director, the executive director or local director may petition the district court for an order of compliance with the order. The executive director or local director shall request that the county or city and county attorney, or district public health agency, file such petition in the district court. However, if the county or city and county attorney, or district public health agency, refuses to act, the executive

DIRECTOR MAY FILE SUCH PETITION AND BE REPRESENTED BY THE ATTORNEY GENERAL.

- (III) IF AN ORDER OF COMPLIANCE IS REQUESTED, THE COURT SHALL HEAR THE MATTER WITHIN FOURTEEN DAYS FOLLOWING THE REQUEST. NOTICE OF THE PLACE, DATE, AND TIME OF THE HEARING MUST BE BY PERSONAL SERVICE OR, IF THE PERSON WHO IS THE SUBJECT OF THE ORDER IS NOT AVAILABLE, MAILED BY PREPAID CERTIFIED MAIL, RETURN RECEIPT REQUESTED, AT THE PERSON'S LAST-KNOWN ADDRESS. PROOF OF MAILING BY THE STATE DEPARTMENT OR LOCAL PUBLIC HEALTH AGENCY IS SUFFICIENT NOTICE UNDER THIS SECTION. THE STATE DEPARTMENT OR LOCAL PUBLIC HEALTH AGENCY HAS THE BURDEN OF PROOF TO SHOW BY CLEAR AND CONVINCING EVIDENCE THAT THE SPECIFIED GROUNDS EXIST FOR THE ISSUANCE OF THE ORDER, THE NEED FOR COMPLIANCE, AND THE TERMS AND CONDITIONS IMPOSED IN THE ORDER ARE NO MORE RESTRICTIVE THAN NECESSARY TO PROTECT THE PUBLIC HEALTH.
- (IV) An officer or employee of the state department or a local public health agency must not be examined in any judicial, legislative, executive, or other proceedings as to the existence or content of any individual's report, other than the respondent in a proceeding authorized by this section, made by such department or agency pursuant to this part 4; the existence of the content of the reports received pursuant to section 25-4-405; or the result of an investigation conducted pursuant to section 25-5-408.
- (V) Upon the conclusion of the hearing, the court shall issue appropriate orders affirming, modifying, or dismissing the original order.
- (b) If the executive director or local director does not petition the district court for an order of compliance within thirty days after the person who is the subject of the order refuses to comply, the person may petition the district court for dismissal of the order. If the district court dismisses the order, the fact that the order was issued must be expunded from the records of the state department or the local public health agency.
- (5) ANY HEARING CONDUCTED PURSUANT TO THIS SECTION MUST BE CLOSED AND CONFIDENTIAL, AND ANY TRANSCRIPTS OR RECORDS RELATED TO THE HEARING ARE ALSO CONFIDENTIAL.
- 25-4-413. Emergency public health procedures injunctions. (1) When the procedures set forth in section 25-4-412 have been exhausted or cannot be satisfied and the executive director or a local director, within his or her respective jurisdiction, knows or has reason to believe, based on accurate, evidence-based, and medical and epidemiological information, that a person has acquired a sexually transmitted infection and that the person presents an imminent risk to the public health, the executive director or the local director may bring an action in district court, pursuant to rule 65 of the Colorado rules of civil procedure, to enjoin the person from engaging in or continuing to engage in specific conduct that poses an evidence-based risk to the public health. The executive

DIRECTOR OR THE LOCAL DIRECTOR SHALL REQUEST THE DISTRICT ATTORNEY TO FILE SUCH AN ACTION IN THE DISTRICT COURT. HOWEVER, IF THE DISTRICT ATTORNEY REFUSES TO ACT, THE EXECUTIVE DIRECTOR MAY FILE THE ACTION AND BE REPRESENTED BY THE ATTORNEY GENERAL. THE COURT IS AUTHORIZED TO HOLD AN EX PARTE PROCEEDING WHEN NECESSARY.

- (2) (a) Under the circumstances outlined in subsection (1) of this section, in addition to the injunction order, the district court may issue other appropriate court orders, including an order to take the person into custody for a period not to exceed seventy-two hours and place him or her in a facility designated or approved by the executive director. A custody order issued for the purpose of counseling and testing to determine whether the person has a sexually transmitted infection must provide for the immediate release from custody of a person who tests negative and may provide for counseling or other appropriate measures to be imposed on a person who tests positive.
- (b) The state department or local public health agency shall give notice of the order, promptly, personally, and confidentially, to the person who is the subject of the order. The order must state the grounds and provisions of the order and notify the person that he or she has the right to refuse to comply with the order, that he or she has the right to be present at a hearing to review the order, and that he or she may have an attorney appear on his or her behalf at the hearing. If a respondent to any such action cannot afford an attorney, one shall be appointed for him or her at the commencement of the proceedings.
- (c) If the person contests testing or treatment, invasive medical procedures shall not be carried out prior to a hearing held pursuant to subsection (3) of this section.
- (3) An order issued by a district court pursuant to subsection (2) of this section is subject to review in a court hearing. Notice of the place, date, and time of the court hearing shall be given promptly, personally, and confidentially to the person who is the subject of the court order. The court shall conduct the hearing no later than forty-eight hours after the issuance of the order. The person has the right to be present at the hearing and have an attorney appear on his or her behalf at the hearing. If a respondent to any such action cannot afford an attorney, one shall be appointed for him or her at the beginning of the injunction process. Upon the conclusion of the hearing, the court shall issue appropriate orders affirming, modifying, or dismissing the original order.
- (4) The state department or local public health agency has the burden of proof to show by clear and convincing evidence that evidence-based grounds exist for the issuance of any court order made pursuant to subsection (2) or (3) of this section.
- (5) A HEARING CONDUCTED BY THE DISTRICT COURT PURSUANT TO THIS SECTION MUST BE CLOSED AND CONFIDENTIAL, AND ANY TRANSCRIPTS OR RECORDS RELATING TO THE HEARING ARE ALSO CONFIDENTIAL.

- (6) An order entered by the district court pursuant to subsection (2) or (3) of this section must impose terms and conditions no more restrictive than necessary to protect the public health.
- **25-4-414. Penalties.** (1) A HEALTH CARE PROVIDER, LABORATORY EMPLOYEE, OR OTHER PERSON WHO IS REQUIRED TO MAKE A REPORT PURSUANT TO SECTION 25-4-405 AND WHO FAILS TO MAKE SUCH A REPORT COMMITS A CLASS 2 PETTY OFFENSE AND, UPON CONVICTION, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN THREE HUNDRED DOLLARS.
- (2) A HEALTH CARE PROVIDER; OFFICER OR EMPLOYEE OF THE STATE DEPARTMENT; OFFICER OR EMPLOYEE OF A LOCAL PUBLIC HEALTH AGENCY; OR A PERSON, FIRM, OR CORPORATION THAT VIOLATES SECTION 25-4-406 BY BREACHING THE CONFIDENTIALITY REQUIREMENTS OF SUCH SECTION IS GUILTY OF A MISDEMEANOR AND, UPON CONVICTION, SHALL BE PUNISHED BY A FINE OF NOT LESS THAN FIVE HUNDRED DOLLARS BUT NOT MORE THAN FIVE THOUSAND DOLLARS OR BY IMPRISONMENT IN THE COUNTY JAIL FOR NOT LESS THAN SIX MONTHS BUT NOT MORE THAN TWENTY-FOUR MONTHS OR BY BOTH FINE AND IMPRISONMENT AS ORDERED BY A COURT.
- **SECTION 2.** In Colorado Revised Statutes, **amend with amended and relocated provisions** part 14 of article 4 of title 25 as follows:

PART 14 HIV TREATMENT & PREVENTION RESOURCES

- **25-4-1401.** [Formerly **25-4-1411**] **Drug assistance program program fund created legislative declaration no entitlement created.** (1) (a) The general assembly recognizes that:
- (I) Medical science is making strides in treating individuals who have AIDS or HIV:
 - (II) There are effective biomedical strategies to reduce new HIV infections;
- (III) Individuals at risk of HIV may also be at risk of other infectious diseases that can exacerbate the outcomes of an HIV infection;
- (IV) Individuals of lower income face barriers accessing biomedical interventions, particularly if they lack health insurance coverage or if their health insurance includes unaffordable premiums or cost-sharing requirements; and
- (V) Both the public health and quality of life would benefit from providing assistance with such costs and encouraging prompt and sustained treatment, eventually preventing further transmission of HIV, viral hepatitis, and sexually transmitted infections through prevention, cure, or viral suppression.
- (b) Therefore, the general assembly declares that the purpose of this section is to implement the drug assistance program for qualifying individuals of lower income who have medical or preventative needs concerning AIDS or HIV, viral hepatitis, or a sexually transmitted infection.

- (c) Nothing in this section shall be construed to establish any entitlement to services from the department of public health and environment.
- (2) (a) Subject to available appropriations, the department of public health and environment is authorized to implement and administer a drug assistance program, referred to in this section as the "state program", to provide assistance with indicated screening, general medical, preventative, and pharmaceutical costs for eligible individuals.
- (b) The general assembly may annually appropriate moneys from the general fund to assist with indicated screening, general medical, preventative, and pharmaceutical costs for individuals participating in the state program.
- (c) The state program is also funded with federal funds available under the federal "Ryan White C.A.R.E. Act of 1990", as amended.
 - (d) Any moneys received in excess of a federal price agreement are a donation.
- (e) For activities of the state program funded by the drug assistance program fund that exceed the appropriation from the drug assistance program fund, if there are sufficient uncommitted moneys in the AIDS and HIV prevention fund, the program may use moneys appropriated for the implementation and administration of the state program from the AIDS and HIV prevention fund as authorized by section 25-4-1415 (1) 25-4-1405.
 - (3) To be eligible to participate in the state program, an individual must:
- (a) Have a medical indication for treatment or prevention of HIV or AIDS, viral hepatitis, or another sexually transmitted infection;
 - (b) (Deleted by amendment, L. 2001, p. 332, § 1, effective July 1, 2001.)
- (e) (b) Have a prescription from an authorized provider for a pharmaceutical product or combination of pharmaceutical products, as applicable, that are included on the drug formulary for the state program; and
- $\frac{\text{(d)}}{\text{(c)}}$ Meet income eligibility requirements as determined by the department of public health and environment in consultation with the subcommittee of the advisory group on AIDS policy established in subsection $\frac{\text{(4)}}{\text{(5)}}$ of this section.
- (3.5) (4) Notwithstanding any other provision of this part 14 to the contrary, if a person meets the eligibility requirements set forth in subsection (3) of this section, he or she shall be is eligible for programs and services that provide for the investigation, identification, testing, preventive care, or treatment of HIV infection or AIDS regardless of his or her race, religion, gender, ethnicity, national origin, or immigration status.
- (4) (5) A subcommittee of an advisory group convened by the governor to make recommendations for HIV and AIDS policy in the state shall serve in an advisory role to the department of public health and environment in implementing the state program and shall provide advice and recommendations to the department of public

health and environment concerning:

- (a) Which pharmaceutical products should be listed on the drug formulary for the state program;
 - (b) Income and other eligibility requirements for the state program; and
- (c) The uses of funding for the state program pursuant to paragraphs (a) to (e) of subsection (2) of this section.
- (5) (6) If at any time the department of public health and environment, in consultation with the subcommittee of the advisory group on HIV and AIDS policy established in subsection (4) (5) of this section, determines that the drug assistance program is reaching the program's fiscal limitations, the department, in consultation with the subcommittee, shall implement a policy of giving preference to the highest-priority applicants of lower income, who otherwise meet the eligibility requirements in subsection (3) of this section, for enrollment into the program in the following rank order:
 - (a) Individuals diagnosed with HIV or AIDS;
 - (b) Individuals in need of treatment to prevent HIV infection;
- (c) Individuals diagnosed with other sexually transmitted infections that can be prevented or cured through currently available pharmaceutical treatments;
 - (d) Individuals diagnosed with viral hepatitis;
- (e) Individuals with emerging care, treatment, or prevention needs concerning HIV, viral hepatitis, or other sexually transmitted infections.
- (6) (a) (7) (a) The drug assistance program fund is created in the state treasury. The principal of the fund consists of tobacco litigation settlement moneys transferred by the state treasurer to the fund pursuant to section 24-75-1104.5 (1) (j), C.R.S. Subject to annual appropriation by the general assembly, the department of public health and environment may expend moneys from the fund for the state program. Any unexpended or unencumbered money remaining in the fund at the end of any fiscal year commencing on or after July 1, 2014, remains in the fund and shall not be credited or transferred to the general fund or any other fund.
- (b) The department of public health and environment and the advisory group shall determine how the moneys appropriated for the state program pursuant to this subsection $\frac{6}{7}$ (7) are to be used.
- **25-4-1402.** [Formerly 25-4-1412] **Definitions.** As used in this section and sections $\frac{25-4-1413}{25-4-1415}$ 25-4-1403 to 25-4-1405, unless the context otherwise requires:
- (1) "Program" means the Colorado HIV and AIDS prevention grant program created in section 25-4-1413 25-4-1403.

- (2) "State board" means the state board of health created in section 25-1-103.
- **25-4-1403.** [Formerly **25-4-1413**] Colorado HIV and AIDS prevention grant **program.** (1) There is hereby created in the department the Colorado HIV and AIDS prevention grant program to address local community needs in the areas of medically accurate HIV and AIDS prevention and education through a competitive grant process. The department shall administer the program.
- (2) Grant applicants shall MUST be nonprofit organizations that are governed by a board of directors, have the benefit of tax-exempt status pursuant to section 501 (c) (3) of the federal "Internal Revenue Code of 1986" or are county, district, or municipal public health agencies.
- (3) (a) Preference shall be given to grant applicants that have as one of their primary purposes HIV and AIDS prevention and education.
- (b) Grants may be given to organizations that conduct HIV prevention in conjunction with other comorbidities secondary to HIV infections.
 - (4) Grant applications shall MUST include, but need not be limited to:
- (a) A statement of the local HIV and AIDS prevention or education issue to be addressed, a description of the constituency that shall be served or targeted, and how the constituency will benefit;
- (b) A description of the goals and objectives of the grant applicant in submitting an application under the program; and
- (c) A description of the activities planned to accomplish the goals and objectives of the grant applicant and of the outcome measures that will be used by the grant applicant.
- (5) Grants shall MUST only be given for medically accurate HIV and AIDS prevention and education programs that are based in behavioral and social science theory and research and shall not be used to contribute to existing scholarships, directly to endowments, fund-raising events, annual fund drives, or debt reduction.
- **25-4-1404.** [Formerly 25-4-1414] Grant program rules -conflict of interest. (1) (a) The program shall fund medically accurate HIV and AIDS prevention and education programs through a competitive grant process that shall be is overseen by the HIV and AIDS prevention grant program advisory committee, which is hereby created and referred to in this section as the "advisory committee". The advisory committee shall consist CONSISTS of seven members appointed by the executive director of the department as follows:
- (I) (Deleted by amendment, L. 2009, (SB 09-179), ch. 112, p. 474, § 17, effective April 9, 2009.)
- (II) One member who is recommended by the department's minority health advisory commission;

- $\frac{\text{(III)}}{\text{(II)}}$ (II) Four members who are recommended by a statewide collaborative group that assists the department in the department's comprehensive plan for HIV and AIDS prevention;
- (IV) (III) One member who has expertise in HIV and AIDS prevention and education; and
- (V) (IV) One member who represents a clinic that receives moneys under part 3 of the federal "Ryan White C.A.R.E. Act of 1990", as amended.
- (b) The composition of the advisory committee shall reflect, to the extent practical, Colorado's ethnic, racial, and geographic diversity.
- (c) The grants administered pursuant to section $\frac{25-4-1413}{25-4-1403}$ shall ARE only be subject to the restrictions provided for in this section and section $\frac{25-4-1413}{25-4-1403}$ and shall ARE not be subject to the same restrictions as grants provided with federal moneys for HIV and AIDS prevention. The state board, upon recommendations of the advisory committee, shall adopt rules that specify, but need not be limited to, the following:
- (I) The procedures and timelines by which an entity may apply for program grants;
- (II) Grant application contents, in addition to those specified in section $\frac{25-4-1413}{(3)}$ 25-4-1403 (3);
- (III) Criteria for selecting the entities that shall receive grants and determining the amount and duration of the grants;
- (IV) Reporting requirements for entities that receive grants pursuant to this section; and
 - (V) The qualifications of an adequate proposal.
- (2) The advisory committee shall review the applications received pursuant to this section and submit to the state board and the executive director of the department recommended grant recipients, recommended grant amounts, and the duration of each recommended grant. In making recommendations for grants, the advisory committee shall consider the distribution of federal funds in the areas of HIV and AIDS prevention, education, and treatment. Within thirty days after receiving the advisory committee's recommendations, the executive director shall submit his or her recommendations to the state board. The state board shall have HAS the final authority to approve the grants administered under this section and section 25-4-1413 25-4-1403. If the state board disapproves a recommendation for a grant recipient, the advisory committee may submit a replacement recommendation within thirty days after disapproval. In making grant recommendations, the advisory committee shall follow the purpose of the program as outlined in section $\frac{25-4-1413}{2}$ 25-4-1403. The state board shall award grants to the entities selected by the advisory committee, specifying the amount and duration of each grant award. In reviewing and approving grant applications, the advisory committee and the state board shall ensure that grants are distributed statewide and address the needs of both urban and

rural residents of Colorado.

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- (3) If a member of the advisory committee has an immediate personal, private, or financial interest in any matter pending before the advisory committee, the member shall disclose the fact and shall not vote upon the matter.
- 25-4-1405. [Formerly 25-4-1415] AIDS and HIV prevention fund administration - limitation. (1) There is hereby created in the state treasury the AIDS and HIV prevention fund, referred to in this section as the "fund", which consists of moneys that may be appropriated to the fund by the general assembly. The moneys in the fund are subject to annual appropriation by the general assembly for the direct and indirect costs associated with the implementation of the program. Any moneys in the fund not expended for the purpose of the program may be invested by the state treasurer as provided by law. All interest and income derived from the investment and deposit of moneys in the fund shall MUST be credited to the fund. Any unexpended and unencumbered moneys remaining in the fund at the end of a fiscal year shall remain in the fund and shall not be credited or transferred to the general fund or another fund.
- (2) Pursuant to section 24-75-1104.5 (1) (m), C.R.S., and except as otherwise provided in section 24-75-1104.5 (5), C.R.S., beginning in the 2006-07 fiscal year and in each fiscal year thereafter so long as the state receives moneys pursuant to the master settlement agreement, the state treasurer shall annually transfer to the fund two percent, not to exceed two million dollars in any fiscal year, of the total amount of the moneys received by the state pursuant to the master settlement agreement, not including attorney fees and costs, during the preceding fiscal year. The state treasurer shall transfer the amount specified in this subsection (2) from moneys credited to the tobacco litigation settlement cash fund created in section 24-22-115, C.R.S.
- (3) The department may receive up to five percent of the moneys annually appropriated by the general assembly to the department from the fund created in subsection (1) of this section for the actual costs incurred in administering the program.

(4) Repealed.

SECTION 3. In Colorado Revised Statutes, repeal 18-7-201.5, 18-7-201.7. 18-7-205.5, 18-7-205.7, and 25-1-1202 (1) (ccc).

SECTION 4. In Colorado Revised Statutes, 10-3-1104.5, amend (4) (c) as follows:

10-3-1104.5. HIV testing - legislative declaration - definitions - requirements for testing - limitations on disclosure of test results. (4) (c) Nothing in this subsection (4) shall be construed to prohibit reporting as required by the provisions of sections 25-4-1402, 25-4-1403, and 25-4-1405 (8) SECTION 25-4-405, C.R.S.

SECTION 5. In Colorado Revised Statutes, 13-10-126, amend (2) (a) (I) (A) as follows:

- **13-10-126. Prostitution offender program authorized reports.** (2) A program created and administered by a municipal or county court or multiple municipal or county courts pursuant to subsection (1) of this section shall MUST:
 - (a) Permit enrollment in the program only by an offender who either:
- (I) (A) Has no prior convictions or any charges pending for any felony; for any offense described in section 18-3-305, 18-3-306, or 18-13-128, C.R.S., in part 4 or 5 of article 3 of title 18, C.R.S., in part 3, 4, 6, 7, or 8 of article 6 of title 18, C.R.S., in section 18-7-201.7, 18-7-203 18-7-205.7, or 18-7-206, C.R.S., or in part 3, 4, or 5 of article 7 of title 18, C.R.S.; or for any offense committed in another state that would constitute such an offense if committed in this state; and

SECTION 6. In Colorado Revised Statutes, 13-22-103, **amend** (1) as follows:

13-22-103. Minors - consent for medical, dental, and related care. (1) Except as otherwise provided in sections 12-34-104, 18-1.3-407 (4.5), 25-4-402, and 12-34-104 AND 25-4-409, C.R.S., a minor eighteen years of age or older, or a minor fifteen years of age or older who is living separate and apart from his or her parent, parents, or legal guardian, with or without the consent of his or her parent, parents, or legal guardian, and is managing his or her own financial affairs, regardless of the source of his or her income, or any minor who has contracted a lawful marriage may give consent to organ or tissue donation or the furnishing of hospital, medical, dental, emergency health, and surgical care to himself or herself. Such consent shall not be IS NOT subject to disaffirmance because of minority, and, when such consent is given, said minor shall have HAS the same rights, powers, and obligations as if he or she had obtained majority. Consent to organ or tissue donation may be revoked pursuant to section 12-34-106, C.R.S.

SECTION 7. In Colorado Revised Statutes, 17-1-115.5, **amend** (1) (f) as follows:

- **17-1-115.5. Prison sexual assault prevention program.** (1) The department shall develop, with respect to sexual assaults that occur in correctional facilities operated by or pursuant to a contract with the department, policies and procedures to:
- (f) Provide acute trauma care for sexual assault victims, including but not limited to treatment of injuries, HIV/AIDS prophylactic HIV PROPHYLAXIS measures, and testing for sexually transmitted diseases INFECTIONS;
- **SECTION 8.** In Colorado Revised Statutes, 18-1.3-1004, **amend** (1) (d) as follows:
- **18-1.3-1004. Indeterminate sentence.** (1) (d) If the sex offender committed a sex offense that constitutes a sexual offense, as defined in section 18-3-415.5, and the sex offender, prior to committing the offense, had notice that he or she had tested positive for the human immunodeficiency virus (HIV) that causes acquired immune deficiency syndrome AND HIV INFECTION, AND THE INFECTIOUS AGENT OF THE HIV INFECTION WAS IN FACT TRANSMITTED, the district court shall sentence the sex offender to the custody of the department for an indeterminate term of at least

three times the upper limit of the presumptive range for the level of offense committed and a maximum of the sex offender's natural life.

SECTION 9. In Colorado Revised Statutes, **amend** 18-3-415 as follows:

18-3-415. Testing for persons charged with sexual offense. Any The COURT SHALL ORDER ANY adult or juvenile who is bound over for trial for any sexual offense involving sexual penetration as defined in section 18-3-401 (6), subsequent to a preliminary hearing or after having waived the right to a preliminary hearing, or any person who is indicted for or is convicted of any such offense, shall be ordered by the court to submit to a diagnostic test for the human immunodeficiency virus (HIV) that causes acquired immune deficiency syndrome, said diagnostic test to be ordered in conjunction with the diagnostic test ordered pursuant to section 18-3-415.5 A SEXUALLY TRANSMITTED INFECTION PURSUANT TO SECTION 18-3-415.5. The results of such the diagnostic test shall must be reported to the court or the court's designee, who shall then disclose the results to any victim of the sexual offense who requests such disclosure. Review and disclosure of diagnostic test results by the courts shall be ARE closed and confidential, and any transaction records relating thereto shall also be ARE ALSO closed and confidential. DISCLOSURE OF DIAGNOSTIC TEST RESULTS MUST COMPLY WITH THE REQUIREMENTS OF SECTION 25-4-410 (2), C.R.S. If the person who is bound over for trial or who is indicted for or convicted of any such offense voluntarily submits to a diagnostic test for the human immunodeficiency virus (HIV) SEXUALLY TRANSMITTED INFECTIONS, the fact of such person's voluntary submission shall be is admissible in mitigation of sentence if the person is convicted of the charged offense.

SECTION 10. In Colorado Revised Statutes, **amend** 18-3-415.5 as follows:

- **18-3-415.5.** Testing persons charged with certain sexual offenses for serious sexually transmitted infections mandatory sentencing. (1) For purposes of this section, "sexual offense" is limited to a sexual offense that consists of sexual penetration, as defined in section 18-3-401 (6), involving sexual intercourse or anal intercourse, AND "HIV" HAS THE SAME MEANING SET FORTH IN SECTION 25-4-402 (4).
- (2) The COURT SHALL ORDER any adult or juvenile who is bound over for trial subsequent to a preliminary hearing or after having waived the right to a preliminary hearing on a charge of committing a sexual offense shall be ordered by the court to submit to a diagnostic test for the human immunodeficiency virus (HIV) that causes acquired immune deficiency syndrome AND HIV INFECTION, said diagnostic test to be ordered in conjunction with the diagnostic test ordered pursuant to section 18-3-415. The results of said THE diagnostic test shall MUST be reported to the district attorney. The district attorney shall keep the results of such diagnostic test strictly confidential, except for purposes of pleading and proving the mandatory sentencing provisions specified in subsection (5) of this section.
- (3) (a) If the person tested pursuant to subsection (2) of this section tests positive for the human immunodeficiency virus (HIV) that eauses acquired immune deficiency syndrome AND HIV INFECTION, the district attorney may contact the state department of public health and environment or any county, district, or municipal public health agency to determine whether said THE person had been notified prior

to the date of the offense for which the person has been bound over for trial that he or she tested positive for the human immunodeficiency virus (HIV) that causes acquired immune deficiency syndrome AND HIV INFECTION.

- (b) If the district attorney determines that the person tested pursuant to subsection (2) of this section had notice of his or her HIV infection prior to the date the offense was committed, the district attorney may file an indictment or information alleging such knowledge and seeking the mandatory sentencing provisions authorized in subsection (5) of this section. Any such allegation shall MUST be kept confidential from the jury and under seal of court.
- (c) The state department of public health and environment or any county, district, or municipal public health agency shall provide documentary evidence limited to whether the person tested pursuant to subsection (2) of this section had notice of or had discussion concerning his or her HIV infection and the date of such notice or discussion. The parties may stipulate that the person identified in said THE documents as having notice or discussion of his or her HIV infection is the person tested pursuant to subsection (2) of this section. Such stipulation shall constitute conclusive proof that said person had notice of his or her HIV infection prior to committing the substantive offense, and the court shall sentence said person in accordance with subsection (5) of this section.
- (d) If the parties do not stipulate as provided in paragraph (c) of this subsection (3), an officer or employee of the state department of public health and environment or of the county, district, or municipal public health agency who has had contact with the person tested pursuant to subsection (2) of this section regarding his or her HIV infection and can identify said THE person shall provide, for purposes of pretrial preparation and in court proceedings, oral and documentary evidence limited to whether said THE person had notice of or had discussion concerning his or her HIV infection and the date of such notice or discussion. If the state department or the county, district, or municipal public health agency no longer employs an officer or employee who has had contact with the person tested pursuant to subsection (2) of this section regarding the person's HIV infection, the state department or the county, district, or municipal public health agency shall provide:
- (I) The names of and current addresses, if available, for each former officer or employee who had contact with the person tested pursuant to subsection (2) of this section regarding the person's HIV infection;
- (II) Documentary evidence concerning whether the person tested pursuant to subsection (2) of this section was provided notice of or had discussion concerning his or her HIV infection and the date of such notice or discussion; and
- (III) If none of said former officers or employees are available, any officer or employee who has knowledge regarding whether the person tested pursuant to subsection (2) of this section was provided notice of or had discussion concerning his or her HIV infection and the date of such notice or discussion. Said The officer or employee shall provide such evidence for purposes of pretrial preparation and in court proceedings.
 - (4) Nothing in this section shall be interpreted as abridging the confidentiality

requirements imposed on the state department of public health and environment and the county, district, and municipal public health agencies pursuant to part 14 4 of article 4 of title 25, C.R.S., with regard to any person or entity other than as specified in this section.

- (5) (a) If a verdict of guilty is returned on the substantive offense with which the person tested pursuant to subsection (2) of this section is charged, the court shall conduct a separate sentencing hearing as soon as practicable to determine whether said person had notice of his or her HIV infection prior to the date the offense was committed, as alleged. The sentencing hearing shall be conducted by The judge who presided at trial or before whom the guilty plea was entered or a replacement for said judge in the event he or she dies, resigns, is incapacitated, or is otherwise disqualified as provided in section 16-6-201, C.R.S, SHALL CONDUCT THE HEARING. At the sentencing hearing, the district attorney shall have HAS the burden of proving beyond a reasonable doubt that: said person:
- (I) THE PERSON had notice of his or her HIV infection prior to the date the offense was committed, as alleged; AND
 - (II) THE INFECTIOUS AGENT OF THE HIV INFECTION WAS IN FACT TRANSMITTED.
- (b) If the court determines that the person tested pursuant to subsection (2) of this section had notice of his or her the HIV infection prior to the date the offense was committed AND THE INFECTIOUS AGENT OF THE HIV INFECTION WAS IN FACT TRANSMITTED, the judge shall sentence said the person to a mandatory term of incarceration of at least three times the upper limit of the presumptive range for the level of offense committed, up to the remainder of the person's natural life, as provided in section 18-1.3-1004.
- **SECTION 11.** In Colorado Revised Statutes, 18-4-412, **amend** (2) (c) (IV) as follows:
- **18-4-412.** Theft of medical records or medical information penalty. (2) As used in this section:
 - (c) "Proper authorization" means:
- (IV) Authorized possession pursuant to section 18-3-415.5, 18-7-201.5, 18-7-205.5, 18-3-415.5, 18-3-415.5, 25-1-122, or 30-10-606 (6), C.R.S.; or
 - **SECTION 12.** In Colorado Revised Statutes, 19-2-214, **amend** (1) (f) as follows:
- **19-2-214. Detention center sexual assault prevention program.** (1) The division of youth corrections created in section 19-2-203 shall develop, with respect to sexual assaults that occur in juvenile facilities, policies and procedures to:
- (f) Provide acute trauma care for sexual assault victims, including but not limited to treatment of injuries, HIV/AIDS prophylactic HIV PROPHYLAXIS measures, and testing for sexually transmitted diseases INFECTIONS;
 - SECTION 13. In Colorado Revised Statutes, 19-3-304, amend (1) (a) as

follows:

- **19-3-304. Persons required to report child abuse or neglect.** (1) (a) Except as otherwise provided by section 19-3-307, sections SECTION 25-1-122 (4) (d), and 25-4-1404 (1) (d), C.R.S., and paragraph (b) of this subsection (1), any person specified in subsection (2) of this section who has reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions that would reasonably result in abuse or neglect shall immediately upon receiving such information report or cause a report to be made of such fact to the county department, the local law enforcement agency, or through the child abuse reporting hotline system as set forth in section 26-5-111, C.R.S.
 - **SECTION 14.** In Colorado Revised Statutes, 19-3-307, amend (2.5) as follows:
- **19-3-307. Reporting procedures.** (2.5) Notwithstanding the requirements set forth in subsection (2) of this section, any officer or employee of a county, district, or municipal public health agency or state department of public health and environment who makes a report pursuant to section 25-1-122 (4) (d) or 25-4-1404 (1) (d) 25-4-405, C.R.S., shall include only the information described in said sections SECTION.
- **SECTION 15.** In Colorado Revised Statutes, 22-1-128, **amend** (1) (a) (IX) and (2) (b) introductory portion as follows:
- **22-1-128.** Comprehensive human sexuality education legislative declaration definitions guidelines and content standards. (1) (a) The general assembly hereby finds and declares that:
- (IX) Sexual violence and teen dating violence is a pervasive and serious public health issue, placing teen victims at increased risk for adolescent pregnancy, sexually transmitted diseases and infections, low academic performance, truancy, dropout, and other harmful behaviors;
 - (2) As used in this section, unless the context otherwise requires:
- (b) "Comprehensive human sexuality education" means medically accurate information about all methods to prevent unintended pregnancy and sexually transmitted diseases and infections, including HIV, and AIDS, and the link between human papillomavirus and cancer, and other types of cancer involving the human reproductive systems, including but not limited to prostate, testicular, ovarian, and uterine cancer. Methods must include information about the correct and consistent use of abstinence, contraception, condoms, and other barrier methods, AND OTHER PREVENTION MEASURES. Additional contents of comprehensive human sexuality education must include:
- **SECTION 16.** In Colorado Revised Statutes, 24-4.1-302.5, **amend** (1) introductory portion and (1) (u) as follows:
- **24-4.1-302.5. Rights afforded to victims.** (1) In order to preserve and protect a victim's rights to justice and due process, each victim of a crime shall have HAS

the following rights:

- (u) The right to be informed of the results of any HIV testing FOR A SEXUALLY TRANSMITTED INFECTION that is ordered and performed pursuant to section 18-3-415, 25-4-408 (6), or 25-4-412, C.R.S.;
- **SECTION 17.** In Colorado Revised Statutes, 24-4.1-303, **amend** (14.4) as follows:
- **24-4.1-303.** Procedures for ensuring rights of victims of crimes. (14.4) The court or its designee, pursuant to section 18-3-415 C.R.S., shall disclose the results of any HHV testing FOR A SEXUALLY TRANSMITTED INFECTION that is ordered and performed pursuant to section 18-3-415, 25-4-408 (6), or 25-4-412, C.R.S., to any victim of a sexual offense in the case in which the testing was ordered. DISCLOSURE OF DIAGNOSTIC TEST RESULTS MUST COMPLY WITH THE REQUIREMENTS OF SECTION 25-4-410 (2), C.R.S.
- **SECTION 18.** In Colorado Revised Statutes, 24-75-1104.5, **amend** (1) (j) (I), (1) (m), and (3) as follows:
- **24-75-1104.5.** Use of settlement moneys programs repeal. (1) Except as otherwise provided in subsections (1.3) and (5) of this section, and except that disputed payments received by the state in the 2013-14 fiscal year or in any fiscal year thereafter are excluded from the calculation of allocations under this subsection (1), for the 2004-05 fiscal year and for each fiscal year thereafter, the following programs, services, or funds shall receive the following specified amounts from the settlement moneys received by the state in the preceding fiscal year:
- (j) (I) The drug assistance program created in section 25-4-1411 25-4-1401, C.R.S., shall receive three and a half percent of the total amount of settlement moneys annually received by the state, not to exceed five million dollars in any fiscal year, as provided in said section.
- (m) The Colorado HIV and AIDS prevention grant program created in section 25-4-1413 25-4-1403, C.R.S., shall receive two percent of the total amount of settlement moneys annually received by the state, not to exceed two million dollars in any fiscal year, as provided in section 25-4-1415 (2) 25-4-1405 (2), C.R.S.
- (3) Notwithstanding the provisions of subsections (1) and (1.5) of this section, for purposes of sections 22-7-1210 (3), 23-20-136 (3.5) (a), 25-4-1411 (6) (a), 25-4-1415 (2) (2) (25-4-1401 (6)), 25-4-1405 (2), 25-23-104 (2), 25-5-6-805 (2), 25-5-8-105 (3), 26-6.4-107 (2) (d) (I), 26-6.8-102 (2) (d), 27-67-106 (2) (b), and 28-5-709 (2) (a), C.R.S., settlement moneys received and allocated by the state pursuant to said subsections (1) and (1.5) during the same fiscal year shall be deemed to be moneys received for or during the preceding fiscal year.
- **SECTION 19.** In Colorado Revised Statutes, 24-90-602, **amend** (7) (c) as follows:
- **24-90-602. Definitions.** As used in this part 6, unless the context otherwise requires:

- (7) "Technology protection measure" means a specific technology, including without limitation computer software, that blocks or filters internet access to visual depictions that are:
- (c) Harmful to minors; except that no technology protection measure may block scientific or medically accurate information regarding sexual assault, sexual abuse, incest, sexually transmitted diseases INFECTIONS, or reproductive health.

SECTION 20. In Colorado Revised Statutes, 25-1-122, **amend** (1), (2), and (7) as follows:

- 25-1-122. Named reporting of certain diseases and conditions access to medical records - confidentiality of reports and records. (1) With respect to investigations of epidemic and communicable diseases, morbidity and mortality, cancer in connection with the statewide cancer registry, environmental and chronic diseases, sexually transmitted infections, tuberculosis, and rabies and mammal bites, the board has the authority to require reporting, without patient consent, of occurrences of those diseases and conditions by any person having knowledge of such to the state department of public health and environment and county, district, and municipal public health agencies, within their respective jurisdictions. Any required reports shall MUST contain the name, address, age, sex, and diagnosis and such other relevant information as the board determines is necessary to protect the public health. The board shall set the manner, time period, and form in which such THE reports are to be made. The board may limit reporting for a specific disease or condition to a particular region or community or for a limited period of time. Nothing in this subsection (1) shall be construed to apply to cases of AIDS, HIV-related illness, or HIV infection, which shall be governed solely by the reporting requirements set forth in part 14 of article 4 of this title.
- (2) When investigating diseases and conditions pursuant to subsection (1) of this section, authorized personnel of the state department of public health and environment and county, district, and municipal public health agencies, within their respective jurisdictions, may, without patient consent, inspect, have access to, and obtain information from pertinent patient medical, coroner, and laboratory records in the custody of all medical practitioners, veterinarians, coroners, institutions, hospitals, agencies, laboratories, and clinics, whether public or private, which are relevant and necessary to the investigation. Review and inspection of records shall be conducted at reasonable times and with such notice as is reasonable under the circumstances. Under no circumstances may personnel of the state department of public health and environment or county, district, or municipal public health agencies, within their local jurisdictions, have access pursuant to this section to any medical record that is not pertinent, relevant, or necessary to the public health investigation. Nothing in this subsection (2) shall be construed to apply to eases of AIDS, HIV-related illness, or HIV infection, which shall be governed solely by the requirements relating to access to records and the release of information as set forth in part 14 of article 4 of this title.
- (7) Nothing in subsections (4) to (6) of this section shall apply APPLIES to records and reports held by the state or local department of health pursuant to part 14 PART 4 of article 4 of this title.

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SECTION 21. In Colorado Revised Statutes, 25-1-801, amend (1) (d) as follows:

25-1-801. Patient records in custody of health care facility - definitions. (1) (d) Nothing in this section shall be construed to require REQUIRES a person responsible for the diagnosis or treatment of sexually transmitted infections or addiction to or use of drugs in the case of minors pursuant to sections 25-4-402 (4) and 13-22-102 AND 25-4-409, C.R.S., to release patient records of such diagnosis or treatment to a parent, guardian, or person other than the minor or his or her designated representative.

SECTION 22. In Colorado Revised Statutes, 25-1-802, amend (2) as follows:

25-1-802. Patient records in custody of individual health care providers. (2) Nothing in this section shall be construed to require REQUIRES a person responsible for the diagnosis or treatment of sexually transmitted infections or addiction to or use of drugs in the case of minors pursuant to sections 25-4-402 (4) and 13-22-102 AND 25-4-409, C.R.S., to release patient records of such diagnosis or treatment to a parent, guardian, or person other than the minor or his or her designated representative.

SECTION 23. In Colorado Revised Statutes, 25-1-1202, amend (1) (aaa) as follows:

- 25-1-1202. Index of statutory sections regarding medical record confidentiality and health information. (1) Statutory provisions concerning policies, procedures, and references to the release, sharing, and use of medical records and health information include the following:
- (aaa) Section 25-4-402 (4) SECTIONS 25-4-406 AND 25-4-409, concerning the reporting of sexually transmitted infections;
- **SECTION 24.** In Colorado Revised Statutes, 25-44-101, amend (3) introductory portion as follows:
- **25-44-101. Definitions.** As used in this article, unless the context otherwise requires:
- "Comprehensive human sexuality education" means medically accurate information about all methods to prevent unintended pregnancy and sexually transmitted diseases and infections, including HIV, and AIDS, and the link between human papillomavirus and cancer, and other types of cancer involving the human reproductive systems, including but not limited to prostate, testicular, ovarian, and uterine cancer. Methods must include information about the correct and consistent use of abstinence, contraception, condoms, and other barrier methods, AND OTHER PREVENTION MEASURES. Additional contents of comprehensive human sexuality education must include:

SECTION 25. Effective date. This act takes effect July 1, 2016.

SECTION 26. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

Approved: June 6, 2016